

PART B—ISSUE FEE TRANSMITTAL

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Assistant Commissioner for Patents
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MAY 7 2001

FEB 23 2001

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QM32/0216

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150 GLOVER AVENUE
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Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Vanessa Mastri

(Depositor's name)

Vanessa Mastri

(Signature)

May 3, 2001

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/310,059	05/11/99	009	KEARNEY, R	3739 02/16/01
First Named Applicant	EGGLESTON,	35 USC 154(b) term ext. =		0 Days.

TITLE OF INVENTION: ELECTROSURGICAL RETURN ELECTRODE MONITOR

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3 2372	606-035.000	C27	UTILITY	YES	\$1210.00	05/16/01

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Sherwood Services AG

(B) RESIDENCE: (CITY & STATE OR COUNTRY)
Schaffhausen SWITZERLAND

Please check the appropriate assignee category indicated below (will not be printed on the patent)

 Individual corporation or other private group entity government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

Issue Fee
 Advance Order - # of Copies _____

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 Issue Fee Advance Order - # of Copies 1

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Mark Farber

Reg. No. 34,159

(Date)

5/3/01

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05/08/2001 DTESEN12 00000092 210550 09310059

01 FC:142 1240.00 CH
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